

Fill in this information to identify your case:

United States Bankruptcy Court for the:

SOUTHERN DISTRICT OF NEW YORK

Case number (if known) Chapter 7

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Tribeca Radiation Oncology Management, LLC

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 46-0898136

4. Debtor's address

Principal place of business	Mailing address, if different from principal place of business
408 Broadway New York, NY 10013 Number, Street, City, State & ZIP Code	104 Woodmont Blvd, Suite 500 Nashville, TN 37205 P.O. Box, Number, Street, City, State & ZIP Code
New York County	Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor Tribeca Radiation Oncology Management, LLC Case number (if known) \_\_\_\_\_  
Name

**7. Describe debtor's business**

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5511

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11. Check **all** that apply:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 04/01/25 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D) and it chooses to proceed under Subchapter V of Chapter 11.  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.  
☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

- ☒ No  
☐ Yes.

Debtor **Tribeca Radiation Oncology Management, LLC** Case number (if known) \_\_\_\_\_  
Name

List all cases. If more than 1,  
attach a separate list

Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_

**Where is the property?** \_\_\_\_\_

Number, Street, City, State & ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds**

Check one:

☐ Funds will be available for distribution to unsecured creditors.

☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

**15. Estimated Assets**

☐ \$0 - \$50,000

☒ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

**16. Estimated liabilities**

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Tribeca Radiation Oncology Management, LLC**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/23/2022

MM / DD / YYYY

**X** /s/ Stuart M. Bitting

Signature of authorized representative of debtor

**Stuart M. Bitting**

Printed name

Title **Chief Financial Officer**

**18. Signature of attorney** **X** /s/ Shawn R. Fox

Signature of attorney for debtor

Date 09/23/2022

MM / DD / YYYY

**Shawn R. Fox**

Printed name

**McGuireWoods LLP**

Firm name

**1251 Avenue of the Americas  
New York, NY 10020-1104**

Number, Street, City, State & ZIP Code

Contact phone **212-548-2165**

Email address **sfox@mcguirewoods.com**

**4137709 New York**

Bar number and State

**RESOLUTIONS BY UNANIMOUS WRITTEN CONSENT  
OF THE MEMBERS AND DIRECTORS OF  
TRIBECA RADIATION ONCOLOGY MANAGEMENT, LLC**

Pursuant to Section 407 of the New York Limited Liability Company Law and Section 4.5(a) of the Limited Liability Company Agreement of Tribeca Radiation Oncology Management, LLC, a New York limited liability company (the “Company”) dated as of September 28, 2012, the undersigned, being all the Members and Directors of the Company, do hereby certify their consent to the adoption of the following resolutions:

**WHEREAS**, the undersigned, being all the Members and Directors of the Company, have received and reviewed reports concerning the financial condition of the Company; and

**WHEREAS**, it appears in the business judgment of the Members and Board of Directors that it is in the best interests of the Company, its creditors, equity holders, and other interested parties, for the Company to be liquidated under the supervision of a United States Bankruptcy Court; it is hereby

**RESOLVED**, that the Company be, and hereby is, authorized and empowered to file a voluntary petition for relief under chapter 7 of title 11 of the United States Code (the “Bankruptcy Code”) in a Bankruptcy Court of proper jurisdiction; and it is further

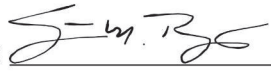
**RESOLVED**, that Stuart M. Bitting, the Chief Financial Officer of the Company (the “Authorized Officer”), is hereby authorized and directed, in the name and on behalf of the Company, to prepare or cause to be prepared, and to execute or cause to be executed, all documents, petitions, pleadings, and other instruments necessary, or in the sole discretion of the Authorized Officer, appropriate, to cause the initiation and prosecution of a case under chapter 7 of the Bankruptcy Code; and it is further;

**RESOLVED**, that all acts, actions and transactions relating to the matters contemplated by the foregoing resolutions done in the name of and on behalf of the Company, which acts would have been approved by the foregoing resolutions except that such acts were taken before the adoption of these resolutions, are hereby in all respects approved and ratified as the true acts and deeds of the Company with the same force and effect as if each such act, transaction, agreement or certificate has been specifically authorized in advance by resolution of the sole director of the Company.

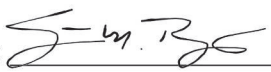
[signature page follows]

IN WITNESS WHEREOF, the undersigned Members of the Company have executed this written consent as of the 22nd day of September 2022.

ETRO, LLC

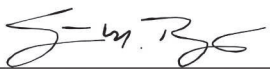
By:   
Name: Stuart M. Bitting  
Title: Chief Financial Officer

NEW YORK CITY FIRST LAND PARTNERS, LLC

By:   
Name: Stuart M. Bitting  
Title: Chief Financial Officer

IN WITNESS WHEREOF, the undersigned Directors of the Company have executed this written consent as of the 22nd day of September 2022.

  
Josh Johnson

  
Stuart M. Bitting

  
Ryan White

**United States Bankruptcy Court  
Southern District of New York**

In re **Tribeca Radiation Oncology Management, LLC**

Debtor(s)

Case No.

Chapter

**7**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Tribeca Radiation Oncology Management, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

**ETRO, LLC**  
**104 Woodmont Blvd, Suite 500**  
**Nashville, TN 37205**

**New York City First Land**  
**Partners, LLC**  
**104 Woodmont Blvd., Suite 500**  
**Nashville, TN 37205**

☐ None [Check if applicable]

9/23/2022

/s/ Shawn R. Fox

Date

**Shawn R. Fox**

Signature of Attorney or Litigant

Counsel for **Tribeca Radiation Oncology Management, LLC**

**McGuireWoods LLP**

**1251 Avenue of the Americas**

**New York, NY 10020-1104**

**212-548-2165**

**sfox@mcguirewoods.com**

**Fill in this information to identify the case:**

Debtor name Tribeca Radiation Oncology Management, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/23/2022

☒ /s/ Stuart M. Bitting

Signature of individual signing on behalf of debtor

**Stuart M. Bitting**

Printed name

**Chief Financial Officer**

Position or relationship to debtor



**Fill in this information to identify the case:**

Debtor name Tribeca Radiation Oncology Management, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b>	
Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
<b>1b. Total personal property:</b>	
Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>69,982.10</u>
<b>1c. Total of all property:</b>	
Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>69,982.10</u>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>0.00</u>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b>	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>0.00</u>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b>	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>1,858,693.67</u>
<b>4. Total liabilities</b> .....	
Lines 2 + 3a + 3b	\$ <u>1,858,693.67</u>

**Fill in this information to identify the case:**

Debtor name Tribeca Radiation Oncology Management, LLC  
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK  
Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

**3. Checking, savings, money market, or financial brokerage accounts** *(Identify all)*  
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. <b>Cash at Wells Fargo as of 7/31/2022</b>	<b>Checking</b>	<b>6930</b>	<b>\$6,294.10</b>
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**4. Other cash equivalents** *(Identify all)*

**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$6,294.10**

**Part 2: Deposits and Prepayments**

**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

7.1. <b>Security deposit 408 Broadway</b>			<b>\$63,688.00</b>
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**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$63,688.00**

Debtor Tribeca Radiation Oncology Management, LLC Case number (If known) \_\_\_\_\_  
Name

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.  
☐ Yes Fill in the information below.

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture No inventory taken of miscellaneous items; net book value fully depreciated	\$0.00		Unknown
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software No inventory taken of miscellaneous items; net book value fully depreciated	\$0.00		Unknown
42.	Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
43.	Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$0.00
44.	Is a depreciation schedule available for any of the property listed in Part 7? <input checked="" type="checkbox"/> No			

Debtor Tribeca Radiation Oncology Management, LLC Case number (If known) \_\_\_\_\_  
Name

☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.

☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Property and Equipment - See attached	\$1,227,650.46	N/A	Unknown

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$0.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

☐ No

☒ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

☐ No. Go to Part 10.

☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1.	408 Broadway, New York, NY 10013	Lessee	\$0.00		\$0.00

Debtor Tribeca Radiation Oncology Management, LLC Case number (If known) \_\_\_\_\_  
Name

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

**\$0.00**

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes Fill in the information below.

**Current value of  
debtor's interest**

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

**Arbitration: Tribeca Radiation Oncology Management, LLC v. Tribeca Radiation, PLLC #01-21-0002-4149**

Nature of claim	Confidential Arbitration
Amount requested	Unknown

**Unknown**

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$0.00**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

Debtor Tribeca Radiation Oncology Management, LLC Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$6,294.10</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$63,688.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$0.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$69,982.10</b>	<b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$69,982.10</b>

Period: 05-22 As of: 6/2/2022 Book: INTERNAL INTERNAL Asset Currency: USD									
Period	Tran Type	Batch	Tran Description	Depr Method	Cost	Accum Depr	Book Value	Sales	PTD Depr
Book Sequence: 1									
Asset Id / Sub Id:	0000011251 / 00000000001		Description:	LEASEHOLD IMPROVEMENT			Co Asset No:	TRO	
				Beginning Balance	100.61	100.61	0.00	0.00	
Asset Id / Sub Id:	0000011252 / 00000000001		Description:	PURCHASE SET UP ENTRIES			Co Asset No:	TRO	
				Beginning Balance	1,436,021.58	342,663.10	1,093,358.48	0.00	
Asset Id / Sub Id:	0000011253 / 00000000001		Description:	PRIDE & SERVICE - FURNISHED & INSTALLED NEW HA			Co Asset No:	TRO	
				Beginning Balance	1,490.59	1,490.59	0.00	0.00	
Asset Id / Sub Id:	0000011254 / 00000000001		Description:	PERFORMANCE MECHANICAL - 2 NEW COMPRESSOR:			Co Asset No:	TRO	
				Beginning Balance	18,906.53	4,063.80	14,842.73	0.00	
Asset Id / Sub Id:	0000011255 / 00000000001		Description:	GRACE RENOVATIONS - INTERIOR WORK STEPS,COUI			Co Asset No:	TRO	
				Beginning Balance	1,022.33	260.52	761.81	0.00	
Asset Id / Sub Id:	0000011256 / 00000000001		Description:	GRACE RENOVATIONS - INTERIOR WORK STEPS,COUI			Co Asset No:	TRO	
				Beginning Balance	9,697.99	2,252.12	7,445.87	0.00	
Asset Id / Sub Id:	0000011257 / 00000000001		Description:	PERFORMANCE MECHANICAL - NEW COMPRESSOR			Co Asset No:	TRO	
				Beginning Balance	13,121.93	2,967.64	10,154.29	0.00	
Asset Id / Sub Id:	0000011258 / 00000000001		Description:	ALEX'S ELECSTICAL - SCR DRIVER BOARD			Co Asset No:	TRO	
				Beginning Balance	4,728.97	887.04	3,841.93	0.00	
Asset Id / Sub Id:	0000011259 / 00000000001		Description:	PERFORMANCE MECHANICAL - COMPRESSOR			Co Asset No:	TRO	
				Beginning Balance	10,615.31	1,377.17	9,238.14	0.00	
Asset Id / Sub Id:	0000011260 / 00000000001		Description:	PERFORMANCE MECHANICAL - GLYCOL FEEDER			Co Asset No:	TRO	
				Beginning Balance	6,314.75	789.30	5,525.45	0.00	
Asset Id / Sub Id:	0000011261 / 00000000001		Description:	PERFORMANCE MECHANICAL - AIR CONDITIONING			Co Asset No:	TRO	
				Beginning Balance	13,637.02	1,590.96	12,046.06	0.00	
Asset Id / Sub Id:	0000011262 / 00000000001		Description:	PRIDE & SERVICE - DOOR UPGRADE			Co Asset No:	TRO	
				Beginning Balance	14,429.14	1,653.30	12,775.84	0.00	
Asset Id / Sub Id:	0000011263 / 00000000001		Description:	EBM			Co Asset No:	TRO	
				Beginning Balance	183.76	183.76	0.00	0.00	
Asset Id / Sub Id:	0000011264 / 00000000001		Description:	MODERN ENTERPRISE SOLUTIONS			Co Asset No:	TRO	
				Beginning Balance	4,463.99	4,463.99	0.00	0.00	
Asset Id / Sub Id:	0000011265 / 00000000001		Description:	COMPASS - MAC BOOK			Co Asset No:	TRO	
				Beginning Balance	1,160.97	838.50	322.47	0.00	
Asset Id / Sub Id:	0000011266 / 00000000001		Description:	EMEDICAL			Co Asset No:	TRO	
				Beginning Balance	3,200.00	693.42	2,506.58	0.00	
Asset Id / Sub Id:	0000011267 / 00000000001		Description:	EMEDICAL - TRO COLO MACHINE UPGRADE			Co Asset No:	TRO	
				Beginning Balance	700.73	700.73	0.00	0.00	
Asset Id / Sub Id:	0000011268 / 00000000001		Description:	XMEDIUS - SOFTWARE UPGRADE			Co Asset No:	TRO	
				Beginning Balance	1,321.06	1,321.06	0.00	0.00	
Asset Id / Sub Id:	0000011269 / 00000000001		Description:	VARIAN - INFO EXCHANGE MANAGER			Co Asset No:	TRO	
				Beginning Balance	3,204.88	3,204.88	0.00	0.00	
Asset Id / Sub Id:	0000011270 / 00000000001		Description:	EMEDICAL - FIREWALL UPGRADE			Co Asset No:	TRO	
				Beginning Balance	692.17	692.17	0.00	0.00	
Asset Id / Sub Id:	0000011271 / 00000000001		Description:	ADVICE MEDIA - WEBSITE DEVELOPMENT			Co Asset No:	TRO	
				Beginning Balance	1,531.65	1,531.65	0.00	0.00	
Asset Id / Sub Id:	0000011272 / 00000000001		Description:	EBM - APC SMART POWER SUPPLY			Co Asset No:	TRO	
				Beginning Balance	2,547.97	2,547.97	0.00	0.00	
Asset Id / Sub Id:	0000011273 / 00000000001		Description:	EQUICARE HEALTH - SOFTWARE LICENSES			Co Asset No:	TRO	
				Beginning Balance	7,078.64	7,078.64	0.00	0.00	
Asset Id / Sub Id:	0000011274 / 00000000001		Description:	EQUICARE HEALTH - CONTRACT#C201509.398			Co Asset No:	TRO	
				Beginning Balance	1,179.75	1,179.75	0.00	0.00	
Asset Id / Sub Id:	0000011275 / 00000000001		Description:	VARIAN - COMPUTER SOFTWARE			Co Asset No:	TRO	
				Beginning Balance	13,415.88	13,415.88	0.00	0.00	
Asset Id / Sub Id:	0000011276 / 00000000001		Description:	EMEDICAL - HARD DRIVE REPLACEMENT			Co Asset No:	TRO	
				Beginning Balance	5,000.00	2,307.78	2,692.22	0.00	

Period: 05-22 As of: 6/2/2022 Book: INTERNAL INTERNAL Asset Currency: USD									
Period	Tran Type	Batch	Tran Description	Depr Method	Cost	Accum Depr	Book Value	Sales	PTD Depr
Asset Id / Sub Id:	0000011277 / 00000000001		Description:	MEDICAL EQUIPMENT			Co Asset No: TRO		
				Beginning Balance	(2,303.42)	(2,303.42)	0.00	0.00	
Asset Id / Sub Id:	0000011278 / 00000000001		Description:	PURCHASE STEP UP			Co Asset No: TRO		
				Beginning Balance	(1,659.22)	(1,659.22)	0.00	0.00	
Asset Id / Sub Id:	0000011279 / 00000000001		Description:	VARIAN - ARIA UPGRADE			Co Asset No: TRO		
				Beginning Balance	1,946.68	1,946.68	0.00	0.00	
Asset Id / Sub Id:	0000011280 / 00000000001		Description:	OPTIM - FPK KIT			Co Asset No: TRO		
				Beginning Balance	1,099.29	1,099.29	0.00	0.00	
Asset Id / Sub Id:	0000011281 / 00000000001		Description:	CIVCO - PUMP			Co Asset No: TRO		
				Beginning Balance	232.57	232.57	0.00	0.00	
Asset Id / Sub Id:	0000011282 / 00000000001		Description:	SUN NUCLEAR - IC PROFILER			Co Asset No: TRO		
				Beginning Balance	7,139.73	3,867.24	3,272.49	0.00	
Asset Id / Sub Id:	0000011283 / 00000000001		Description:	SUN NUCLEAR - DAILY Q3			Co Asset No: TRO		
				Beginning Balance	1,742.06	985.40	756.66	0.00	
Asset Id / Sub Id:	0000011284 / 00000000001		Description:	COMPASS BANK - LUDLUM EQUIPMENT			Co Asset No: TRO		
				Beginning Balance	1,461.79	584.48	877.31	0.00	
Asset Id / Sub Id:	0000011285 / 00000000001		Description:	ONCOLOGY SERVICES - SHOULD MOTOR ARM			Co Asset No: TRO		
				Beginning Balance	5,312.21	2,092.74	3,219.47	0.00	
Asset Id / Sub Id:	0000011286 / 00000000001		Description:	VARIAN - IEM INTERFACE FOR RADONC			Co Asset No: TRO		
				Beginning Balance	14,247.81	5,532.28	8,715.53	0.00	
Asset Id / Sub Id:	0000011287 / 00000000001		Description:	OSI - DIGITIZATION			Co Asset No: TRO		
				Beginning Balance	6,676.77	2,592.46	4,084.31	0.00	
Asset Id / Sub Id:	0000011288 / 00000000001		Description:	OSI - AEROTECH MOTOR ETR			Co Asset No: TRO		
				Beginning Balance	2,204.59	855.92	1,348.67	0.00	
Asset Id / Sub Id:	0000011289 / 00000000001		Description:	OSI - PCB MOTOR DRIVE ARM			Co Asset No: TRO		
				Beginning Balance	2,798.33	1,024.14	1,774.19	0.00	
Asset Id / Sub Id:	0000011290 / 00000000001		Description:	OSI - MAIN THYRATION			Co Asset No: TRO		
				Beginning Balance	9,576.71	2,527.19	7,049.52	0.00	
Asset Id / Sub Id:	0000011291 / 00000000001		Description:	CIVBO RADIOTHERAPY			Co Asset No: TRO		
				Beginning Balance	6,918.00	518.85	6,399.15	0.00	
Asset Id / Sub Id:	0000011815 / 00000000001		Description:	WEBSITE BUILD OUT			Co Asset No:		
				Beginning Balance	15,000.00	1,250.01	13,749.99	0.00	
Asset Id / Sub Id:	0000011851 / 00000000001		Description:	SECURE USER			Co Asset No:		
				Beginning Balance	1,002.70	111.40	891.30	0.00	
Total For Company/Book/Currency: 406 / INTERNAL / USD					1,649,164.80	421,514.34		0.00	



**Fill in this information to identify the case:**

Debtor name **Tribeca Radiation Oncology Management, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

**12/15**

**Be as complete and accurate as possible.**

**1. Do any creditors have claims secured by debtor's property?**

- ☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☐ Yes. Fill in all of the information below.

**Fill in this information to identify the case:**

Debtor name **Tribeca Radiation Oncology Management, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<b>Nonpriority creditor's name and mailing address</b> <b>408 Broadway Realty LLC</b> <b>408 Broadway</b> <b>New York, NY 10013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: 0921 to 0522 408 Broadway rent</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$425,653.83</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>AAAASF</b> <b>7500 Grand Avenue</b> <b>Gurnee, IL 60031</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: 7878 - Uncashed check</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$0.00</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>Avante Health Solutions</b> <b>1040 Derita Rd., Ste. A</b> <b>Concord, NC 28027</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>6AVA</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$12,733.61</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>ConEdison</b> <b>Cooper Station</b> <b>PO Box 138</b> <b>New York, NY 10276-0138</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: 7867 - Uncashed check</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>\$0.00</b>

Debtor Name	Case number (if known)
<b>Tribeca Radiation Oncology Management, LLC</b>	
<p>3.5 Nonpriority creditor's name and mailing address  <b>Dynalink Communications</b>  <b>PO Box 180252</b>  <b>Brooklyn, NY 11218</b>  Date(s) debt was incurred ____  Last 4 digits of account number <u>NALI</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$6,420.19</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.6 Nonpriority creditor's name and mailing address  <b>E Healthcare, LLC</b>  <b>104 Woodmont Blvd</b>  <b>Suite 500</b>  <b>Nashville, TN 37205</b>  Date(s) debt was incurred ____  Last 4 digits of account number <u>1406</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$198,598.00</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Intercompany</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.7 Nonpriority creditor's name and mailing address  <b>Epstein Becker &amp; Green, PC</b>  <b>PO Box 30036</b>  <b>New York, NY 10087-0036</b>  Date(s) debt was incurred ____  Last 4 digits of account number <u>STEI</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$6,317.00</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.8 Nonpriority creditor's name and mailing address  <b>Hrdirect</b>  <b>PO Box 669390</b>  <b>Pompano Beach, FL 33066-9390</b>  Date(s) debt was incurred ____  Last 4 digits of account number <u>DIRE</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$0.00</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: ____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.9 Nonpriority creditor's name and mailing address  <b>Integrated Physician Support Services LLC</b>  <b>2865 E. Coast Hwy, Suite 210</b>  <b>Corona Del Mar, CA 92625</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$3,925.23</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Invoice 952 Billing and Collection</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.10 Nonpriority creditor's name and mailing address  <b>Integrated Physician Support Services LLC</b>  <b>2865 E. Coast Hwy, Suite 210</b>  <b>Corona Del Mar, CA 92625</b>  Date(s) debt was incurred ____  Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$2,845.06</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Invoice 1027 Billing and Collection</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3.11 Nonpriority creditor's name and mailing address  <b>Integrated Physician Support Services LLC</b>  <b>2865 E. Coast Hwy, Suite 210</b>  <b>Corona Del Mar, CA 92625</b>  Date(s) debt was incurred ____  Last 4 digits of account number <u>6702</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$123,000.00</b></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Intercompany</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<b>Tribeca Radiation Oncology Management, LLC</b> <small>Name</small>	Case number (if known) _____
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>ION</b> <b>104 Woodmont Blvd., Ste. 500</b> <b>Nashville, TN 37205</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>6ION</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$17,552.55</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>ION</b> <b>104 Woodmont Blvd., Ste. 500</b> <b>Nashville, TN 37205</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>IPSS</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$30,716.94</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>ION</b> <b>104 Woodmont Blvd</b> <b>Suite 500</b> <b>Nashville, TN 37205</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,422.99</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Invoice 953 Management Fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>ION</b> <b>104 Woodmont Blvd</b> <b>Suite 500</b> <b>Nashville, TN 37205</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,625.75</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Invoice 1028 Management Fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>ION</b> <b>104 Woodmont Blvd</b> <b>Suite 500</b> <b>Nashville, TN 37205</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>6700</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$262,792.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Intercompany</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>ION Staffing</b> <b>104 Woodmont Blvd</b> <b>Suite 500</b> <b>Nashville, TN 37205</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>6701</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$255,580.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Intercompany</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Iron Mountain</b> <b>PO Bo 27128</b> <b>New York, NY 10087-7128</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>ONMT</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$37,005.64</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Tribeca Radiation Oncology Management, LLC</b> Name	Case number (if known) _____
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3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Konica Minolta</b> <b>21146 Network Place</b> <b>Chicago, IL 60673-1211</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>NICA</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,515.16</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Lizzul Orgera &amp; Weihs CPA</b> <b>585 Stewart Ave #414</b> <b>Garden City, NY 11530</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$15,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>2022 Accounting Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Majik Cleaning Services, INC.</b> <b>299 Broadway, Ste. 1610</b> <b>New York, NY 10007</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>AJIK</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$921.87</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>McCarthy, Burgess &amp; Wolff</b> <b>The MB&amp;W Building</b> <b>26000 Cannon Road</b> <b>Cleveland, OH 44146</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>RIZO</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,168.38</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>McKesson Medical Surgical</b> <b>PO Box 51020</b> <b>Los Angeles, CA 90051-5320</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>KESS</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$14.75</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Nixon Medical Apparat &amp; Linen Svc.</b> <b>Nixon A/R</b> <b>New Castle, DE 19720</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>IXON</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$8,397.90</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>NY Dept of Finance</b> <b>59 Maiden Lane, 19th Fl.</b> <b>New York, NY 10038-4502</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$100,090.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>2021 2022 Franchise Tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Tribeca Radiation Oncology Management, LLC</b> Name	Case number (if known) _____
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>NY Dept of Finance</b> <b>59 Maiden Lane, 19th Fl.</b> <b>New York, NY 10038-4502</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$39,184.94</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>2021 2022 WTW Commercial Property Tax</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>NYC Dept. of Finance</b> <b>59 Maiden Lane, 19th Fl.</b> <b>New York, NY 10038-4502</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>CFIN</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$6,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>NYC Dept. of Finance</b> <b>PO Box 3931</b> <b>New York, NY 10008-3931</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>CFI3</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,372.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Performance Mechanical Corp.</b> <b>204 Madison Ave.</b> <b>Garden City Park, NY 11040</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>RFOR</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$538.93</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Pride &amp; Service Elevator Co., Inc.</b> <b>455 Ludlow Avenue</b> <b>Cranford, NJ 07016</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>RIDE</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$781.46</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Sightline Health</b> <b>2865 East Coast Highway #210</b> <b>Corona Del Mar, CA 92625</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>1406</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$32,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Intercompany</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Sing Construction</b> <b>39 Lispenard Street - Basement</b> <b>New York, NY 10013</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>7833 - Uncashed check</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	<b>Tribeca Radiation Oncology Management, LLC</b> Name	Case number (if known) _____
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Sing Tao Newspaper NY Ltd.</b> <b>188 Lafayette Street</b> <b>New York, NY 10013</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>NGTA</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$6,756.48</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Staples</b> <b>PO Box 660409</b> <b>Dallas, TX 75266-0409</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>APLE</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$131.61</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Stericycle, Inc.</b> <b>PO Box 6582</b> <b>Carol Stream, IL 60197-6582</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>TERI</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$435.15</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Tribeca Radiation, PLLC</b> <b>Attn: John Paul Tracy Ng, MD</b> <b>408-410 Broadway, 1st Floor</b> <b>New York, NY 10013</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Dispute in arbitration</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Varian Medical Systems</b> <b>70140 Network Place</b> <b>Chicago, IL 60673-1701</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>RIAN</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$243,559.07</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon</b> <b>PO Box 489</b> <b>Newark, NJ 07101-0489</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,168.38</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>7858 - Uncashed check</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>World Journal</b> <b>141-07 20th Avenue</b> <b>Whitestone, NY 11357</b>  Date(s) debt was incurred _____ Last 4 digits of account number <u>ORLD</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$4,468.80</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor Tribeca Radiation Oncology Management, LLC Case number (if known) \_\_\_\_\_  
Name

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 1,858,693.67
5c.	\$ 1,858,693.67



**Fill in this information to identify the case:**

Debtor name **Tribeca Radiation Oncology Management, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Management Services Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Integrated Oncology  
Network LLC Attn: President  
2865 East Coast Hwy #210  
Corona Del Mar, CA 92625**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Billing and Collection Services Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**IPSS - Integrated Physician  
Support Services, LLC  
2865 East Coast Hwy #210  
Corona Del Mar, CA 92625**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Administrative services and infrastructure access agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Premier Physicians of New York  
Attn: President  
3599 University Blvd. South  
Jacksonville, FL 32216**

2.4. State what the contract or lease is for and the nature of the debtor's interest **First Amended and Restated Administrative Services and Infrastructure Access Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Tribeca Radiation, PLLC  
Attn: JP Tracy Ng, MD  
408 Broadway  
New York, NY 10013**

Debtor 1 **Tribeca Radiation Oncology Management, LLC**

First Name

Middle Name

Last Name

Case number (if known)

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.5. State what the contract or lease is for and the nature of the debtor's interest

**Assignment and Assumption Agreement (Lease)**

State the term remaining

List the contract number of any government contract

**Tribeca Radiation, PLLC c/o  
Rivkin Radler LLP (B. Bank)  
926 RXR Plaza  
Uniondale, NY 11556-0926**

**Fill in this information to identify the case:**

Debtor name **Tribeca Radiation Oncology Management, LLC**

United States Bankruptcy Court for the: **SOUTHERN DISTRICT OF NEW YORK**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206H**  
**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor*

*Column 2: Creditor*

**Name**

**Mailing Address**

**Name**

*Check all schedules that apply:*

2.1 **JP Tracy Ng, MD**

**c/ Rivkin Radler LLP (B. Bank)  
926 RXR Plaza  
Uniondale, NY 11556-0926**

**408 Broadway Realty  
LLC**

☐ D \_\_\_\_\_

☒ E/F **3.1**

☐ G \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor name Tribeca Radiation Oncology Management, LLC  
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF NEW YORK  
Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From 1/01/2022 to Filing Date

**Sources of revenue**  
Check all that apply

☐ Operating a business  
☒ Other N/A

**Gross revenue**  
(before deductions and exclusions)

\$0.00

**For prior year:**  
From 1/01/2021 to 12/31/2021

☐ Operating a business  
☒ Other N/A

\$0.00

**For year before that:**  
From 1/01/2020 to 12/31/2020

☒ Operating a business  
☐ Other \_\_\_\_\_

\$2,559,444.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☒ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount

Debtor **Tribeca Radiation Oncology Management, LLC**

Case number (if known) \_\_\_\_\_

may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. Tribeca Radiation Oncology Management, LLC v. Tribeca Radiation, PLLC 01-21-0002-4149	Confidential arbitration	American Arbitration Association New York	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Custodian's name and Address	Describe the property	Value
N/A		\$0.00
Case title	Court name and address	
Case number		
Date of order or assignment		

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

Debtor **Tribeca Radiation Oncology Management, LLC**

Case number (if known) \_\_\_\_\_

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>McGuireWoods LLP</b> 1251 Avenue of the Americas New York, NY 10020-1104	<b>Attorney Fees</b>	<b>9/23/2022</b>	<b>\$25,000.00</b>
	Email or website address <b>mcguirewoods.com</b>			
	Who made the payment, if not debtor? <b>ION Intermediate Holdings, LLC</b>			
11.2.	<b>BMC Group, Inc.</b> 600 1st Avenue Seattle, WA 98104	<b>Information, data and forms management and services related to chapter 7 case preparation.</b>	<b>6/01/2022</b>	<b>\$10,000.00</b>
	Email or website address <b>bmcgroup.com</b>			
	Who made the payment, if not debtor? <b>ION Intermediate Holdings, LLC</b>			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within

Debtor **Tribeca Radiation Oncology Management, LLC**

Case number (if known) \_\_\_\_\_

2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer?  
Address

Description of property transferred or  
payments received or debts paid in exchange

Date transfer  
was made

Total amount or  
value

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy  
From-To

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services  
the debtor provides

If debtor provides meals  
and housing, number of  
patients in debtor's care

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☐ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☐ Yes. Fill in below:

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and  
Address

Last 4 digits of  
account number

Type of account or  
instrument

Date account was  
closed, sold,  
moved, or  
transferred

Last balance  
before closing or  
transfer

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor Tribeca Radiation Oncology Management, LLC

Case number (if known) \_\_\_\_\_

☐ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☐ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**



Debtor Tribeca Radiation Oncology Management, LLC

Case number (if known) \_\_\_\_\_

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service****From-To**

26a.1. **ION Intermediate Holdings, LLC**  
**104 Woodmont Blvd**  
**Suite 500**  
**Nashville, TN 37205**

**From inception to**  
**present**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None**Name and address****Date of service****From-To**

26b.1. **ION Intermediate Holdings, LLC**  
**104 Woodmont Blvd**  
**Suite 500**  
**Nashville, TN 37205**

**From inception to**  
**current**

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address**

**If any books of account and records are**  
**unavailable, explain why**

26c.1. **ION Intermediate Holdings, LLC**  
**104 Woodmont Blvd**  
**Suite 500**  
**Nashville, TN 37205**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Debtor **Tribeca Radiation Oncology Management, LLC**

Case number (if known) \_\_\_\_\_

Name	Address	Position and nature of any interest	% of interest, if any
<b>ION Intermediate Holdings, LLC</b>	<b>104 Woodmont Blvd Suite 500 Nashville, TN 37205</b>	<b>Managing Member</b>	<b>Indirect 97.06%</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>Josh Johnson</b>	<b>104 Woodmont Blvd Suite 500 Nashville, TN 37205</b>	<b>CEO</b>	<b>N/A</b>
Name	Address	Position and nature of any interest	% of interest, if any
<b>Stuart Bitting</b>	<b>104 Woodmont Blvd Suite 500 Nashville, TN 37205</b>	<b>CFO</b>	<b>N/A</b>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☐ No  
☒ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
<b>Integrated Oncology Network Holdco, LLC</b>	<b>EIN: 83-1890382</b>

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
--------------------------	--

Debtor Tribeca Radiation Oncology Management, LLC

Case number (if known) \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 9/23/2022

/s/ Stuart M. Bitting

Signature of individual signing on behalf of the debtor

Stuart M. Bitting

Printed name

Position or relationship to debtor Chief Financial Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

# United States Bankruptcy Court

Southern District Of New York

In re Tribeca Radiation Oncology Management, LLC

Case No. \_\_\_\_\_

Debtor

Chapter 7

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ N/A

Prior to the filing of this statement I have received ..... \$ \$25,000

Balance Due ..... \$ 22,272.30

2. The source of the compensation paid to me was:

☐ Debtor

☒ Other (specify) ION Intermediate Holdings, LLC

3. The source of compensation to be paid to me is:

☐ Debtor

☒ Other (specify) ION Intermediate Holdings, LLC

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

\* ION Intermediate Holdings, LLC ("ION") has provided McGuireWoods LLP with a \$25,000 retainer (the "Retainer") to cover bankruptcy-related fees incurred in the period immediately prior to and following the bankruptcy filing. In addition to the Retainer, Ion has incurred approximately \$22,272.30 to McGuireWoods for legal analysis and other services in contemplation of a potential bankruptcy filing, which has not yet been paid.

B2030 (Form 2030) (12/15)

d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

9/23/2022  
\_\_\_\_\_  
*Date*

/s/ Shawn R. Fox  
\_\_\_\_\_  
*Signature of Attorney*

McGuireWoods LLP  
\_\_\_\_\_  
*Name of law firm*

**United States Bankruptcy Court  
Southern District of New York**

In re **Tribeca Radiation Oncology Management, LLC**

Debtor(s)

Case No. \_\_\_\_\_

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

I, the Chief Financial Officer of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: 9/23/2022

/s/ Stuart M. Bitting

**Stuart M. Bitting/Chief Financial Officer**  
Signer/Title

408 BROADWAY REALTY LLC  
408 BROADWAY  
NEW YORK, NY 10013

AAAASF  
7500 GRAND AVENUE  
GURNEE, IL 60031

AVANTE HEALTH SOLUTIONS  
1040 DERITA RD., STE. A  
CONCORD, NC 28027

CONEDISON  
COOPER STATION  
PO BOX 138  
NEW YORK, NY 10276-0138

DYNALINK COMMUNICATIONS  
PO BOX 180252  
BROOKLYN, NY 11218

E HEALTHCARE, LLC  
104 WOODMONT BLVD  
SUITE 500  
NASHVILLE, TN 37205

EPSTEIN BECKER & GREEN, PC  
PO BOX 30036  
NEW YORK, NY 10087-0036

HRDIRECT  
PO BOX 669390  
POMPANO BEACH, FL 33066-9390

INTEGRATED ONCOLOGY  
NETWORK LLC ATTN: PRESIDENT  
2865 EAST COAST HWY #210  
CORONA DEL MAR, CA 92625

INTEGRATED PHYSICIAN SUPPORT  
SERVICES LLC  
2865 E. COAST HWY, SUITE 210  
CORONA DEL MAR, CA 92625

ION  
104 WOODMONT BLVD  
SUITE 500  
NASHVILLE, TN 37205

ION STAFFING  
104 WOODMONT BLVD  
SUITE 500  
NASHVILLE, TN 37205

IPSS - INTEGRATED PHYSICIAN  
SUPPORT SERVICES, LLC  
2865 EAST COAST HWY #210  
CORONA DEL MAR, CA 92625

IRON MOUNTAIN  
PO BO 27128  
NEW YORK, NY 10087-7128

JP TRACY NG, MD  
C/ RIVKIN RADLER LLP (B. BANK)  
926 RXR PLAZA  
UNIONDALE, NY 11556-0926

KONICA MINOLTA  
21146 NETWORK PLACE  
CHICAGO, IL 60673-1211

LIZZUL ORGERA & WEIHS CPA  
585 STEWART AVE #414  
GARDEN CITY, NY 11530

MAJIK CLEANING SERVICES, INC.  
299 BROADWAY, STE. 1610  
NEW YORK, NY 10007

MCCARTHY, BURGESS & WOLFF  
THE MB&W BUILDING  
26000 CANNON ROAD  
CLEVELAND, OH 44146

MCKESSON MEDICAL SURGICAL  
PO BOX 51020  
LOS ANGELES, CA 90051-5320



NIXON MEDICAL APPARAL & LINEN SVC.  
NIXON A/R  
NEW CASTLE, DE 19720

NY DEPT OF FINANCE  
59 MAIDEN LANE, 19TH FL.  
NEW YORK, NY 10038-4502

NYC DEPT. OF FINANCE  
59 MAIDEN LANE, 19TH FL.  
NEW YORK, NY 10038-4502

NYC DEPT. OF FINANCE  
PO BOX 3931  
NEW YORK, NY 10008-3931

PERFORMANCE MECHANICAL CORP.  
204 MADISON AVE.  
GARDEN CITY PARK, NY 11040

PREMIER PHYSICIANS OF NEW YORK  
ATTN: PRESIDENT  
3599 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE, FL 32216

PRIDE & SERVICE ELEVATOR CO., INC.  
455 LUDLOW AVENUE  
CRANFORD, NJ 07016

SIGHTLINE HEALTH  
2865 EAST COAST HIGHWAY #210  
CORONA DEL MAR, CA 92625

SING CONSTRUCTION  
39 LISPENARD STREET - BASEMENT  
NEW YORK, NY 10013

SING TAO NEWSPAPER NY LTD.  
188 LAFAYETTE STREET  
NEW YORK, NY 10013

STAPLES  
PO BOX 660409  
DALLAS, TX 75266-0409

STERICYCLE, INC.  
PO BOX 6582  
CAROL STREAM, IL 60197-6582

TRIBECA RADIATION, PLLC  
ATTN: JOHN PAUL TRACY NG, MD  
408-410 BROADWAY, 1ST FLOOR  
NEW YORK, NY 10013

TRIBECA RADIATION, PLLC  
ATTN: JP TRACY NG, MD  
408 BROADWAY  
NEW YORK, NY 10013

TRIBECA RADIATION, PLLC C/O  
RIVKIN RADLER LLP (B. BANK)  
926 RXR PLAZA  
UNIONDALE, NY 11556-0926

VARIAN MEDICAL SYSTEMS  
70140 NETWORK PLACE  
CHICAGO, IL 60673-1701

VERIZON  
PO BOX 489  
NEWARK, NJ 07101-0489

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WHITESTONE, NY 11357